



**Albright College has a limited amount of CARES ACT Funding set aside to provide direct grants to students related to the disruption of campus operations due to the COVID-19 pandemic. We are offering you the opportunity to appeal for additional CARES ACT grant assistance.**

Please complete this form and return it to the Albright College Financial Aid Office ([finaid@albright.edu](mailto:finaid@albright.edu)) for review by an appeals committee.

It is very important that you provide as much information to support your request as possible. i.e. total expenses, furlough information, additional child care costs...

**School ID:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Appeal Category:**

Please choose the reason(s) that best describes how you or your family have been impacted by COVID-19.

\_\_\_ Reduction of work hours  
- List the total loss of wages\_\_\_\_\_

\_\_\_ Permanently laid off of job or furloughed  
- List the total loss of wages\_\_\_\_\_

\_\_\_ Childcare  
- Estimate the costs incurred \_\_\_\_\_

\_\_\_ Healthcare  
- Provide total costs and receipts for expenses not covered by insurance \_\_\_\_\_

\_\_\_ Housing expenses  
- List the total costs \_\_\_\_\_

\_\_\_ Technology  
- Provide total costs and receipts of expenses incurred \_\_\_\_\_

\_\_\_ Food  
- Estimate the additional costs incurred \_\_\_\_\_

\_\_\_ Course materials  
- Provide receipts of expenses incurred \_\_\_\_\_

\_\_\_ Other/please explain below:

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**Student Signature:**

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**Date:** \_\_\_\_\_